

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	/					
2	/					
3	/					
4	/					
5	/					
6	3					
7	/					
8	/					
9	/					
10	/					
11	/					
12	/					
13	/					
14	/					
15	/					
16	/					
17	/					
18	/					
19	2					
20	2					
21	2					
22	3					
23	0					
24	1					
25	0					
26	0					
27	/					
28	/					
29	/					
30	/					
31	/					
32	0					
33	0					
34	0					
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42						
43						
44						
45						
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48						
49						
50						
TOTAL IND.	44					
TOTAL DEP.	38					
TOTAL CLAIMS	39					

	IND	DEP	IND	DEP	IND	DEP
51						
52						
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						